



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

pensary, supervision ends at the fifteenth month, not because no longer needed, but because of the greater need under that age. The time will undoubtedly come when the child will be examined at regular intervals up to the school age, when it will be turned over to those in charge of the health of school children.

"As the twig is bent, so the tree inclines." The only way to have a healthy nation is to keep each child under intelligent supervision from birth, yes, even before birth. Since those who have neither intelligence, education nor means enough to properly care for their health and that of their offspring, are in the majority, and since the ill health of the masses is a constant menace to all, it behooves every intelligent citizen to do all in his power to raise the resistance of each member of the community. Next to the physician, the well-trained nurse is best fitted to do this; and her responsibility can never end with the proper care of one patient for which she is paid so many dollars a week.

THE NURSE FROM THE DOCTOR'S VIEWPOINT *

By JOHN E. BOYD, M.D.,
Jacksonville, Fla.

THE nurse ought to be a *woman*, first, last and always; everything good that the word stands for; educated, refined, gentle, firm, broad-minded, mentality above the average, human, earnest, healthy, dignified, truthful, and possessing a good knowledge, first, of the healthy individual and then the diseases to which he or she is subject.

I may be called "old foggy" but the longer I live the more convinced I am that the sexes both have their sphere in this life. I cannot realize the woman physician, neither do I approve of the male nurse. It is generally allowed that the male nurse has his special line, but the longer I practise medicine the more firmly convinced I am that this is an error. Hospitals with competent male orderlies and female nurses, in my judgment, more completely cover this field. Immodesty is absolutely unnecessary and false modesty should be eliminated from this wonderful profession. The individual controls this situation absolutely; be a woman. No man, especially while in distress, will wantonly insult a woman who conducts herself as a woman, especially when she is ministering to his wants. If such should by chance occur, there is always

* Read at the first annual convention of the State Graduate Nurses' Association of Florida, January 29, 1913.

a radical remedy, notify the doctor and leave. Colleges, medical societies, professional ethics, the degree of M.D.—no one or all of these combined make a man or doctor, and a doctor is not a doctor until he is first a man. The same rule holds good for a nurse. A nurse is not a nurse until she is first a woman—first, last and always, so. I say, be a woman.

A nurse should have education prior to studying the nursing profession, in order to properly appreciate the knowledge sought. Literary schools and colleges are aids and incentives to this end but are not absolute necessities in individual cases. I know that an individual, with a thirst for knowledge and the energy to put his or her shoulder to the wheel, can acquire education through personal effort. However, it must be acquired if they would appreciate and understand the intricacies of the human mechanism and the wonderful and awe-inspiring changes to which it is subject under the ravages of disease. Intellect is a gift, but the ability to use and apply it to one's glory and gratification is acquired by many, many hours of hard work. A woman with indifferent education may obtain a nurse's diploma, not so easily, I am glad to say, as in former years, but she is none the less not a nurse, but a very ordinary individual, with some knowledge of medical things like the reading of a thermometer, counting a pulse rate, giving an enema, etc. She has no knowledge of the responsibilities assumed; no judgment as to the general condition of her patient; no ability to recognize danger signals when they arise; is totally unprepared for emergencies when they confront her, a mere automaton, carrying out certain orders of the physician in a purely mechanical way. An educated nurse, on the other hand, who has applied herself to a real knowledge of her profession, is not only a comfort to the physical wants of her patient, but is a safeguard against avoidable accidents, a tower of strength in unavoidable emergencies and the greatest asset an intelligent physician has at his command. Nurses should be appealed to more regularly by the physician for their observations and opinions, because they are more constantly with their patient and, therefore, in a better position to note sudden or temporary changes which are often of vast importance. The doctor who regards his nurse as a machine for the carrying out of his orders displays gross ignorance, not only of the nursing profession but his own profession, as well. I would consider him a dangerous man to trust my loved ones to. Oftentimes has the nurse been the direct cause of my arriving at a correct diagnosis. Intelligence, properly trained and educated, is a necessary asset.

A nurse without refinement can never reach the coveted top round of the ladder of fame. Every human being, rich or poor, gentleman or

tramp, recognizes this valuable attribute and in no profession is it more highly regarded than the nursing profession. The standard of your profession in this respect is not yet on its proper plane as you, no doubt, will admit yourselves, but it is on a steady climb upward and I hope to see the day myself when present conditions will no longer exist. Much has been done already. Refinement encourages the good feeling of your patient; it prompts the trust of the family and friends, and the earnest physician leaves his patient's bedside with a feeling of security.

All nurses cannot be equally gentle. Those born with the gift of gentleness are much to be envied. In referring to a nurse as gentle I would not be misunderstood. I do not mean the soft-hearted, mushy individual, who does her duties in a half-finished manner rather than cause pain. The Lord deliver us and our patients from this simple and dangerous idiot. Gentle, as applied to the nurse, is the ability to soothe and quiet her patient while in pain, or fighting the ravages of disease; gentle in touch, gentle in manner and gentle in speech. Move the sore and suffering patient with the least amount of physical pain. Soothe the poisoned and irritable nervous system by a gentle manner and a gentle word said at the right time. Don't coddle yourself with the idea that you can quiet any sick and suffering individual with unnecessary talk. This is worse by far than no talk at all. I have often wondered if nurses prone to talking ever realized how often their suffering patient listened to their conversation with patience and apparent interest and in private said to the doctor, "Can't you get me another nurse without hurting the feelings of this one? I haven't anything against her, she is attentive and seems to know her business, but she talks me almost to death." Nurses, all of you, let your patient do most of the talking, but don't shut up like a clam and forget that a word of encouragement spoken at the right time is a power for good. Study the word "gentle" in all of its phases as applied to your profession and apply it as nearly as you can. It will reap you golden rewards.

Firmness is equally necessary with gentleness, but it must not be construed as meaning roughness. Exercised judiciously and applied at the opportune time in the proper manner it unquestionably saves life, shortens the course of disease, and eliminates dangers of serious import. I have only to refer you to the patient recovering from an anæsthetic or one in the mild delirium of typhoid fever to confirm the necessity of firmness and what it means to the patient. Roughness under these circumstances is plainly wrong and often causes the person to grow worse, but firmness with gentleness protects the partially unconscious sufferer from self-harm and often leads to a calming of the disturbed

nervous system and a consequent relaxation into rest or sleep. Restraining sheets, padded cells, muscular force and strong words, as we all know, are necessary at times for the good of sick people but the application of these necessities does not imply roughness. Do your duty, do it firmly even under adverse criticism. You will not live to regret it and it may save you humiliation and self-reproach.

The earnest nurse always forges ahead of her professional sisters lacking this qualification. Nothing is ever well done in the absence of earnestness on the part of the person doing it. Be earnest in the study of your profession looking toward the acquiring of new knowledge all the time; earnest in your care of your patient and earnest in your relation to the doctor so that you may be of real value to him in the case and in the care of his patient.

Health, not physical power, is absolutely essential to the young woman desiring to enter the nursing profession. The requirements of physical examination for training schools ought, in my judgment, to be much more exacting than they are at present. I contend that muscle and brawn, while having their advantages, are not at all necessary to the nurse. Many years of professional work have convinced me of this. But health is required. A woman with the stamp of disease on her cannot live up to the requirements of a good nurse. It is too much like the blind trying to lead the blind. Health is necessary to concentration of thought, cheerfulness, exercise of physical force and self control and all of these things are necessary to good work.

My ideas of being dignified may not be approved of by all the members of this gathering. However, I am sure that none will disagree with me when I say a good nurse is dignified. I don't mean throwing out your chest, squaring your shoulders, immobilizing your face, making copy-right speeches, being afraid to come in close proximity to your patient, or refusing to put your hands on him because he happens to be of the male sex. I tell you none of these things are necessary to dignity. Be natural; make your patient your friend for the time being; go about your work in a normal, business-like manner; respect yourself and your patient will love and respect you. Dignity is not prudishness. Dignity does not imply hauteur and coldness. Dignity goes hand in hand with gentleness, warm-heartedness and affection. It puts a crown on cheerfulness and earnestness. It is self-respect.

Be truthful to yourself, truthful to your patient, and truthful to the physician attending the case. Truth goes hand in hand with success. True success has never, in the history of the world, rested on the brow of a liar. They may have gotten rich in worldly things and even enjoyed

the respect and admiration of their fellowman, but their consciousness of untruth always rests heavy on their shoulders and when the final call comes there is no "Well done, thou good and faithful servant" awaiting them; and this, after all, is the real reward. Being truthful to a sick and suffering human does not mean telling unpleasant or injurious truths, for the mere sake of truthfulness. It means being truthful to your patient in all things looking to his or her peace of mind, physical comfort and return to health, truthful to the physician does not mean telling him unpleasant remarks made by the patient, family or friends, but giving him an accurate and truthful account of everything that has happened in connection with his patient since his last visit. Be truthful to the physician by standing up in his behalf whenever it should become necessary. Allow me to say to the members of this Association, that there is nothing more to be despised and discouraged in your profession than the tendency on the part of some nurses to criticise the attending physician. Some people call it disloyalty, but I call it a disregard for the truth. You are lying to the patient, or family; you are lying to yourself, for in practically every case you are lying about the physician. Better, by far, should you feel that you can't be truthful in the service of a certain physician, that you should refuse to nurse under his directions. This is a broad question that your Association should fight in your code of ethics continuously.

Last, but by no means least, is it absolutely essential that a good nurse possess a knowledge of the normal, physiological human being and also the diseases to which the human race is heir. This is one of my hobbies. Ask the young ladies in the training school at the DeSoto Sanatorium how hard we work toward their gaining this valuable and necessary accomplishment. Nothing but time deters me from writing pages on this one subject. You can't make me believe that a nurse is a nurse when she is ignorant of the anatomy of her patient; ignorant of the physiology of his wonderful make-up; ignorant of the pathological conditions existing in disease and ignorant of the processes necessary to resolution. I can hear some of you saying, "Why, he would have them doctors." Not at all! The nurse is not required to understand minute anatomy; her knowledge of physiology need not be so thorough. She does not have to study the details of diseases and yet a knowledge of these studies must be had or she is in no wise a protection to the sick nor a help to the physician. In typhoid fever, if she lacks knowledge of the significance of the bounding pulse, sighing respiration, restlessness of the patient, the brow bedewed with moisture, on the one hand, or the pain in the abdomen, drop in temperature and the small wiry pulse, on the other,

then she is a menace to that case and a danger to the physician. If when nursing a post-operative case the complaint of pain in the epigastrium, increased pulse rate, lessened urinary secretion, anxious expression and regurgitant vomiting mean nothing to her, then she is guilty of exposing the surgeon to the loss of a patient that ought to be saved. I might cite you hundreds of similar examples but time does not allow. The best training schools are waking up to this, but they have much to do yet before the nursing profession occupies its proper place in the eyes of the public, and more especially in the confidence of the medical profession. It is as great and glorious a profession as the medical one, and I, for one, would like to see it come into its own.

The nurse is here to stay and the doctor ought to thank his lucky star that she is. He, of all people, ought to be the nurse's friend, consultant and counsellor. The nurse should be the truest friend the doctor has, be his chief assistant, help him to think right, protect him from unjust criticism, create the confidence of his patient for him, work with him, respect him, make him respect her, shoulder the responsibilities with him and together they will save more lives, create more happiness and allay more sorrow than has ever been done in the past.

WARD DRESSINGS

By DOROTHEA GOTHSON, R.N.,
Superintendent Trinity Hospital, Brooklyn, New York

WHILE the operating-room technique has been brought to a high state of perfection, it is a question whether ward dressings have received the consideration which the best interests of the patient and the careful training of the nurse demand. At many hospitals ward dressings are done at any time—often the most inconvenient; they are made a subsidiary part of the work; the ward instruments are usually those discarded in the operating room; the aseptic technique is less rigidly observed and the whole procedure lacks system and dignity.

The most important fact about the work at our hospital is that we are given a chance to be ready for the daily rounds and dressings. We know when the chief is coming and we can adjust our work accordingly. There is nothing more distressing to either patient or the earnest hard-working nurse than to be surprised by the attending doctors at times when treatments are being given or when the surroundings can not be so inviting. It is also very discouraging to be interrupted by the "attendings" at meal-time when all hands should help to serve the